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APPLICANTS

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** CONTINUING DATA *****

This application is a 371 of PCT/US00/00544 01/10/2000 *CHZ*
9/3/04

** FOREIGN APPLICATIONS *****

UNITED STATES OF AMERICA 09/336241 06/18/1999 *CHZ*
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** SMALL ENTITY **

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 4	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Carl N. Fays</i> Examiner's Signature	<i>CHZ</i> Initials		

ADDRESS

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TITLE

Nerve stimulation method and apparatus for pain relief

FILING FEE RECEIVED 368	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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